



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
 INTOX DMT MAINTENANCE REPORT

**RECEIVED**  
 By Tracy Crews at 8:20 am, Aug 02, 2024

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500287	NAME OF AGENCY Glendale Police Department	DATE OF INSPECTION 08/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 424 N. Sappington Road, Glendale, MO 63122		TIME OF INSPECTION 01:02:45

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

DIAGNOSTIC RECORD

DATE AND TIME <u>08/02/2024 01:02:48</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.4°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH      LOT # 23390      EXP. DATE 10/17/2025

SIMULATOR TEMP (34°C ± 0.2°C) 34.0      SIM. SN MP4949      SIM. NIST EXP DATE 07/22/2025

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
 Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.101	TEST 2: 0.102	TEST 3: 0.102
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PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Instrument operates within the Department of Health specifications.

**INSPECTING OFFICER**

SIGNATURE <i>Matthew A Mason</i>	PRINT FULL NAME MATTHEW A MASON	
TYPE II PERMIT NUMBER 230003	EXPIRATION DATE 01/03/2025	TELEPHONE NUMBER 314-909-3057

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



**Paula Nickelson**  
Acting Director

**Michael L. Parson**  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP4949      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** GLENDALE PD  
**Agency Address:** 424 N SAPPINGTON ROAD, GLENDALE, MO 63122

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 10/27/2023      **Date of Expiration:** 10/27/2024

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.02	34.02	.02

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 7/22/2024  
**Certification Expiration:** 7/22/2025  
**Simulator testing technician:** R. SCHILDKNECHT

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO

**Certification No:** MP4949\_7222024

**X** *Brianna Medrano*

DHSS BAP Scientist Approving



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN03072301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

PERMIT  
TYPE II

MATTHEW A. MASON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and  
and operate the following breath analyzer(s):

INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of a  
577.020 through 577.041, RSMo and 906.111 through 906.119 RSMo.

DATE 1/3/2023

NUMBER 230003

EXPIRES 1/3/2025

MO 900-9771 (2-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an Intoximetric breath alcohol  
instrument for the determination of the alcoholic content in breath from of expired air  
in Missouri.

Operator **MASON, MATTHEW**  
Permit No. **230003**  
Date Issued **1/03/23** Date Expires **1/03/25**

